

12 - 08 - 00

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PTO/SB/05 (12/97)

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-28759
First Named Inventor or Application Identifier	Erdal Paksoy, et al.
Title	Sub-Band Speech Coding System

Express Mail Label No. **EL 547739433US****APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing) | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 9]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure | 7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. <input type="checkbox"/> Paper Copy (identical to computer copy)
c. <input type="checkbox"/> Statement verifying identical of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets 1] | |
| 4. Oath or Declaration [Total Pages 1]
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §1.63(d)(2) and 1.33(b). | |
| 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of
the oath or declaration is supplied under Box 4b, is considered as
being part of the disclosure of the accompanying application and is
hereby incorporated by reference therein. | |

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & Documents(s)) | |
| 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) | <input checked="" type="checkbox"/> Power of Attorney |
| 10. <input type="checkbox"/> English Translation Document (if applicable) | |
| 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 12. <input checked="" type="checkbox"/> Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) | <input type="checkbox"/> Statement filed in prior application
Status still proper and desired |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
if foreign priority is claimed | |
| 16. <input type="checkbox"/> Other: | |

*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No:
Prior application information: Examiner _____			Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

NAME	Robert L. Troike		
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Name (Print/Type)	Robert L. Troike	Registration No. (Attorney/Agent)	24,183
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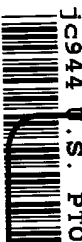
Signature

Robert L. Troike

Date

12/2/00

12/07/00



PTO/SB/17 (1/98)

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement,

otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Express Mailing Label No.: EL547739433US

Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Erdal Paksoy, et al.
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-28759

TOTAL AMOUNT OF PAYMENT (\$) 710.00

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- ☒
- Charge any additional fee required or credit any overpayment
- ☐
- Charge all indicated fees and any additional fee required or credit any overpayment

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	395	Utility filing fee	\$710
106	310	206	165	Design filing fee	\$
107	480	207	270	Plant filing fee	\$
108	760	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

SUBTOTAL (1) (\$710)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20** = 0	18	0
Independent Claims	3	-3** = 0	80
Multiple Dependent		260	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	11	Claims in excess of 20
102	78	202	41	Independent Claims in excess of 3
104	260	204	135	Multiple dependent claims in excess of 3
109	78	209	41	**Reissue independent claims over original patent
110	18	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	200	Extension of time within second month	
117	870	217	475	Extension of time within third month	
118	1,360	218	755	Extension of time within fourth month	
128	1,850	228	1,030	Extension of time within fifth month	
119	300	219	155	Notice of Appeal	
120	300	220	155	Filing a brief in support of an appeal	
121	260	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	660	Petition to revive - unintentional	
142	1,210	242	660	Utility issue fee (or reissue)	
143	430	243	225	Design issue fee	
144	580	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (time number of properties)	
146	760	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) 0

SUBMITTED BY

Typed or Printed Name

Robert L. Troike

Signature

Date

12/2/00

Complete (if applicable)

Reg. Number

24,183

Deposit Account User ID